

# State telecommunications management manual

State of California  
Department of General Services

Telecommunications Division  
Sacramento, California

Category: <b>Agency Telecommunications Management</b>	Chapter Title: <b>Agency Telecommunications Representative Designation Form</b>	Chapter Number: <b>0299.2</b>
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Revision -

Revised:

**Agency Telecommunications Representative Designation Form** -- submit to Program Management and Administration each time a Primary or back-up Agency Telecommunications Representative changes.

## ***Agency Telecommunications Representative (ATR)***

### ***DESIGNATION FORM***

(Use this form for all additons, changes or deletions to your agency's designated ATRs.)

**SEND TO:** Rita Hauf IMS G-23  
Telecommunications Systems Manager  
Program Management & Administration  
Telecommunications Division  
601 Sequoia Pacific Boulevard  
Sacramento, CA 95814

**- or - FAX: 657-9238**

**NEWLY DESIGNATED ATR:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Section/Unit:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary ATR?**    **Yes**    **No**

**Phone:** (\_\_\_\_) \_\_\_\_\_

**FAX:**    (\_\_\_\_) \_\_\_\_\_

**Internet:** \_\_\_\_\_

**IMS Code:** \_\_\_\_\_

**PREVIOUSLY DESIGNATED ATR: (TO BE CHANGED OR DELETED? - Please Circle One)**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Section/Unit:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Title:**\_\_\_\_\_ **Telephone Number:**\_\_\_\_\_